

**Community Service Network 2 Meeting
Dorothea Dix, Bangor, Maine
February 13, 2007**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Annette Adams, Acadia Hospital • Melinda Davis, AIN • Debra Henderlong, Allies Inc. • Theresa Oliver, Bangor Counseling Center • William Donahue, Behavioral Health Center • Andrea McGill-O'Rourke, Blue Hill Memorial Hospital • Tammy Smith, Toby Wood • Richard Brown, Charlotte White • David McCluskey, Community Care • Kay Carter, CHCS | <ul style="list-style-type: none"> • Bambi Magaw, Community Mediation Services • Mary Louise McEwen, Dorothea Dix • Jeremy Ashfield, Families United • Jacquelyn Dodge, Fellowship Health Resources • Nancy Patterson, MDI Behavioral Health Care • Robert Mathien, MMHC • John Spieker, Mayo Regional Hospital • Betty Foley, Medical Care Development • Kim Thebault-Spieker, Millinocket Hospital • Scott Dufour, NFI North | <ul style="list-style-type: none"> • Charles Tingley, NOE • Kathy Smith, OHI • Michael Corbin, Penobscot Valley Hospital • Judy Street, St. Joseph Hospital • Sharon Dean, Sunrise Opportunities • Sharon Tomah, Sweetser/Wabanaki • Lydia Wright-Richard, TPG • Dr. Robert Miller-Tinch, Together Place • John Edwards, WCPA |
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Members Absent:

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| <ul style="list-style-type: none"> • Amicus • CA Dean Memorial Hospital • Calais Regional Hospital | <ul style="list-style-type: none"> • Down East Community Hospital • Maine Coast Memorial Hospital • Maine Vocational Associates, Inc. | <ul style="list-style-type: none"> • Joanne Marian, NAMI-ME Families • Cassandra Redwine, Phoenix MH Services (excused) • Regional Medical Center at Lubec |
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Alternates/Others Present:

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| <ul style="list-style-type: none"> • Michelle St. Louis, Behavioral Health Center • Mary Dunn, Charlotte White • Victoria McCarty, Consumer Council System of Maine • Tom Lynn, CHCS • Joe Pickering, CHCS | <ul style="list-style-type: none"> • Pam Easton, DHHS • Marjorie Snyder, Dorothea Dix • Judy Provencher, Medical Care Development • Linda Catterson, NFI North • Sharon Greenleaf, NOE | <ul style="list-style-type: none"> • Bonnie-Jean Brooks, OHI • Corey Schwinn, WCPA • Joan Yeaton, Sunrise Opportunities • Cindy Fagan, Sweetser |
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Staff Present: DHHS/OAMHS: Don Chamberlain, Darren Morgan. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Darren opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The minutes of the January 24 meeting were approved as written.
III. Review Meeting Guidelines	Darren reviewed the meeting guidelines provided in the meeting materials, noting especially: 1) the agreement to turn off all cell phones and pagers, and 2) to avoid the use of acronyms and jargon.
IV. Consumer Council System of Maine	<p>Vickie McCarty, the Consumer Council System of Maine Outreach Worker for Region III, introduced herself to the group and explained her role in the development of the new Consumer Council System. She encouraged provider members to think of ways to host/encourage meeting and informational opportunities with consumers for which they provide services, and assured she would be in contact with members to assist in her efforts to:</p> <ul style="list-style-type: none"> • Recruit consumer participation in and educate consumers about the council system • Inform consumers about the regional conference, April 25, at the Bangor Conference Center • Meet one-on-one, in small group gatherings, or present to larger groups of consumers

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	<p>ACTION: Members will contact Vickie if willing to be a contact person for their respective organizations and also let her know if organization can be of help with transportation (van, bus).</p>
V. Peer Services, Part II	<p>Members received 3 handouts: Updated Peer Support Funding spreadsheets, recalculated after shifting Bridgton area population from CSN 6 to CSN 5, and OAMHS Performance Indicator and Outcome Reporting Forms for Peer Services and Warm Lines. OAMHS is looking to improve the meaningfulness of the data collected and asked members to give feedback on the data that should be collected.</p> <p>Discussion on Peer Services:</p> <ul style="list-style-type: none"> • The challenge is that this CSN needs everything. • In developing any new peer center/social club: keep traveling distance to maximum of 35 miles; go out for public bid; use same RFP criteria as SAMHSA; provide manpower needed. • Where should new peer center be located? Ellsworth? Machias? Dover-Foxcroft? Transportation issues exist in any of these choices. • Build peer services around the crisis system. • Stark contrast in number of peer groups Augusta south v. Augusta north. • Consumers need support for peer service to succeed. • SUFU (Speaking Up For Us) has been successful due to: 1) DHHS providing meeting places, paid advisors, and annual funding; 2) providers stepping up to provide opportunities for people to meet, i.e. transportation and other accommodations to support self-advocacy. • Past attempts (e.g. Ellsworth) failed due to lack of infrastructure. • Together Place needs resources, struggling to meet current needs: wants to provide more meaningful services. Has no one in club to handle ongoing educational efforts. Is not handicapped-accessible; could use downstairs, if remedied. <p>ACTION: Members will make a recommendation to OAMHS around peer services at the March meeting.</p>
VI. Statewide Policy Council	<p>Twenty-seven CSN members volunteered or were nominated to serve on the Statewide Policy Council. OAMHS will choose 15 members as explained previously and will get the list out to all CSN members soon. Meetings will begin in March.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Representatives will fulfill multiple roles on Statewide Policy Council: representing agency/organization, core service, and CSN. • Expectation is that representative is point person for others in that service—should be communication both ways. • OAMHS intends to provide Policy Council agendas and minutes to CSN members in timely fashion.
VII. Resolve PL 192	<p>Members received a copy of the newly released Resolve PL 192 Draft Report. The first public forum on the report was held on Feb. 5 in Augusta, with no one attending. Other forums are scheduled for Feb. 21 in Bangor and on March 1 at Spring Harbor. The final report incorporating stakeholder feedback is due to the Legislature by March 15.</p> <p>Members engaged in considerable discussion on this item, raising many issues, resulting in a list of concerns and a list of formal CSN recommendations/position statements:</p>

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	<p>Concerns:</p> <ul style="list-style-type: none"> • This plan seems to be realigning crisis services in very strategic ways and does not take into consideration other undertakings in the region or studies that have been completed—concerned that collective expertise is not utilized. • Strategic Focus #1: Significant concern about this process—example of excluding community-based crisis teams. • Should have been more collaborative process, including wide public input. • Need multiple meetings to cover concerns of all stakeholder groups and also need thorough presentation of what this really means. <p>Formal CSN recommendations/position statements:</p> <ul style="list-style-type: none"> • Forums not adequately publicized—also conflicted with other hearings. • Re: Statement of Guiding Philosophy (first page of draft report): Should be completed by CSNs rather than small group that worked on the Plan. “Shared vision of consumer recovery” needs discussion in a group process beyond minimal input available at public forums. • Strategic Focus #3: Recommend that CSNs 1 and 2 accomplish implementation and completion of needs assessment. • Stakeholder associations should have been part of process. • MR/DD Association needs to be involved—ramifications for them, too. • Missing: Providers not listed as stakeholders. • Want to see “recovery principles” spelled out. Consumers unclear on what admission criteria will be—concerned too narrow. Very concerned about lack of publicity.
VIII. Crisis Stabilization Units, Part II	<p>Preceding the discussion on Crisis Stabilization Units, members received the following handouts:</p> <p><u>Serious Mental Illness (SMI) Estimates - 2000 Census Data</u> Updated from version distributed last month to include 2 changes:</p> <ul style="list-style-type: none"> • Population from Bridgton area moved from CSN 6 to CSN 5, where most receive services • Estimated SMI population broken down by age groups: 18-61 and 62 and over <p><u>Adult Mental Health Services MaineCare Data (2004-2006 Statewide)</u></p> <ul style="list-style-type: none"> • Skills Development category, which also includes Daily Living Skills, represents 2nd highest per person cost, serving fewer clients—more intense services provided? • All categories, except Residential, will be considered in rate standardization, currently pending. • OAMHS will try to get statewide data broken down by CSN. <p>Members received updated Crisis Stabilization Unit (CS) information spreadsheets, recalculated to reflect the additional beds not included in last month’s version. This CSN has 8 beds in CHCS CSU unit, all in Bangor, at 84.15% utilization. CSN 2 needs two additional beds to bring it to the State average beds per 1,000 population.</p> <p>CHCS Crisis Stabilization Unit (CSU) Data Tom Lynn distributed CHCS’ completed Additional Data Request form and reviewed the results with the group. Highlights:</p> <ul style="list-style-type: none"> • 60 out of 91 days at 100% occupancy (April, May, June 2006). • Average length of stay: 4.92 days • 451 admissions; 435 unduplicated. (July 1, 2005 to June 30, 2006)

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • 314 admissions Penobscot; 108 admissions Piscataquis. • 225 discharged to home; 33 discharged to inpatient unit. • Staffing: Two MHRT-C on each shift around the clock; licensed clinician 10-12 hours daily; M-F: MHRT-C House Supervisor 8 hours daily. • No reliable data yet on how many turned away and why, but do turn more away since opening new unit. • Occasionally take person when an inpatient psych bed is unavailable. <p>Questions for this CSN to consider:</p> <ul style="list-style-type: none"> • Have sufficient CSU beds in this CSN? If not, where to locate? How many? • Is staffing adequate? If staffing were to change, could unit take more acute clients? • Are there limitations at current facility that precludes certain clients? • Are peer crisis beds desired? Where? • Does CSN want to explore “living room” concept? <p>Discussion highlights:</p> <ul style="list-style-type: none"> • Proximity has significant impact—Washington County consumers reluctant to consider making trip to Bangor. • Anecdotal evidence consumers would prefer staying in Washington County, even if a considerable drive to facility within the county. • In-home crisis supports available for more rural areas? • Why so many admissions from Piscataquis and not Hancock? Perhaps due to wide array of services available in Hancock, i.e. outpatient, ICM, ACT, etc. • What is most cost effective configuration of beds and staffing? • May need to be realistic that a particular service isn’t feasible in rural areas. • Look at enhancing CHCS unit to make it as flexible as possible. • Underlying problem is homelessness, yet not considered “in crisis.” Need to put funds where the real problem is. • Would help if crisis providers could actually certify that a person is homeless, in order to meet the very narrow criteria. • What if crisis could call and request in-home supports on an emergency basis? <p>ACTION: Providers with experience and information re: 24-hour in-home crisis supports to discuss at March meeting.</p> <p>ACTION: CSN members will make recommendation around Crisis Stabilization Services at the March meeting.</p>
IX. Crisis Services Review	<p>Members received a comprehensive spreadsheet of 2006 data collected quarterly from crisis programs throughout the state, as well as the Performance Indicator and Outcome Reporting Form for Crisis Services. (It was noted that 4th quarter data is missing from spreadsheet for CHCS—OAMHS will look into this.) Feedback on data collected may be emailed to Elaine, eecker@usm.maine.edu. This item will appear on next month’s agenda for further review and discussion.</p>
X. Rate Standardization	<p>DHHS has had meetings with representatives of MAMHS about their involvement in the actual rate-setting process and expects notification of their decision soon. OAMHS must submit a rate standardization plan to save \$4M in each year of the biennium by February 20. Rate changes will take effect July 1, 2007.</p> <p>Comments:</p> <ul style="list-style-type: none"> • MAMHS is very concerned about total financial impact. • Standardization with dispersed population is a disaster.

Agenda Item	Presentation, Discussion
XI. Confidentiality	Members received a draft Confidentiality Statement and were encouraged to review it and send any feedback to Elaine, eecker@usm.maine.edu . Further discussion at March meeting.
XII. Other	
XIII. Public Comment	
XIV. March Agenda Items	Crisis Stabilization Services, III Crisis Services Confidentiality